Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

1. Owner:			
Name:	City:		State:
Address:	Zip:	Phone:	()
If this was a Public Water Supply Well, please provide:			
PWSID Name:			
PWSID Number: IDNR Well Tag Number:			
2. Well (Cistern) Location:			
1/4 of,1/4 of,1/4	4 of, Section	, Twp. N, Range	West/East (circle one)
County, Describe well location on property:			
3. Description:			
Well depth:ft.	Casing mate	•	crete, clay, brick, stone
Depth to water: ft.		•	circle one)
Casing diameter: in.	Type of constructi	ion: drilled, driven, bo	
Year or decade constructed:	Chook □ if th	io io a Manitarina Wall	circle one)
Depth of casing: ft. Check ☐ if Cistern dept	Check II thi	diameter:	vveirio:
I certify this well has been plugged as required by rule 567-39.8 of the Iowa Administrative Code (IAC). I agree to provide any additional information the county or department may need concerning this well.			
Signature of Owner:		Date Plu	ugged:
If plugged by certified well con			
I have plugged this well as required by rule 567-39.8 of the Iowa Administrative Code (IAC).			
Signature of Contractor:		Cert. N	0
OR, If plugged by well owner, complete this box:			
The property owner has plu Administrative Code with the o			rule 567-39.8 of the lowa ounty agent.
Signature of County Agent:Date Approved:			
Eligible for Grants-to-Counties cost share: YES NO (Determined by County Agent)			
Complete one form for each	well plugged and		
Complete one form for each well plugged and submit within 30 days to the local county agent:		or, only if no county agent is available, to:	
		Water Supply Section lowa Department of Natu 401 SW 7 th Street, Suite N Des Moines. IA 50309-46	1

DNR FORM (REV 9/04) 542-1226